

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12	/						62				
13		/					63				
14		/					64				
15		/					65				
16	/						66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21	/						71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
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29	/						79				
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31		/					81				
32		/					82				
33		/					83				
34		/					84				
35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	47						TOTAL DEP.				
TOTAL CLAIMS	52						TOTAL CLAIMS				